

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091719316 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	C	C				
5	1					
6	C	C				
7		1				
8		1				
9		1				
10		4				
11	1					
12		1				
13		2				
14		2				
15		1				
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	1					
23		1				
24		2				
25	(1)					
26	(1)					
27	(1)					
28	(1)					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	4					
TOTAL	28					
TOTAL CLAIMS	32					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			